



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

www.nj.gov/health

RICHARD J. CODEY
Acting Governor

FRED M. JACOBS, M.D., J.D.
Commissioner

October 7, 2005

Mr. Alexander Vilenchik
Vital Mobile Care
25 Adams Street
Metuchen, NJ 08840

**Re: Notice of Proposed Assessment of Penalty Action:
Basic Life Support Ambulance/Mobility Assistance Vehicle Provider**
Control Number: 05-B-068

Dear Mr. Vilenchik:

The New Jersey Department of Health and Senior Services is vested with the responsibility of carrying out the provisions of the Health Care Facilities Planning Act (N.J.S.A. 26:2H-1, et seq.) which was enacted, in part, to ensure that hospital and related health care services rendered in New Jersey are of the highest quality. As defined at N.J.S.A. 26:2H-2b, health care services include ambulance services. In addition, in accordance with §6.4 and §6.6 of the New Jersey Medical Assistance and Health Services Act (N.J.S.A. 30:4D-1 et seq.), this Department is responsible for the development of minimum licensure requirements concerning the equipment, supplies and vehicles of providers of mobility assistance vehicle services.

Furthermore, N.J.S.A. 26:2H-5 grants the Commissioner of Health and Senior Services the power to inquire into health care services and to conduct periodic inspections with respect to the fitness and adequacy of the equipment and personnel employed by those services. As such, in furtherance of each of the aforementioned statutory objectives, the Department of Health and Senior Services (the Department) adopted regulations that govern the licensure and inspection of ambulance and mobility assistance vehicle service providers and their vehicles. Those regulations are set forth in their entirety at N.J.A.C. 8:40-1.1, et seq.

On June 27, 2005, staff of the Office of Emergency Medical Services (OEMS) conducted an unscheduled vehicle inspection of Vital Mobile Care vehicle #20, New Jersey license plate number X7036U, at Robert Wood Johnson Medical Center in New Brunswick, New Jersey.

The unscheduled vehicle inspection revealed there was no Cardiopulmonary Resuscitation (CPR) mask available on vehicle #20. As you should know, N.J.A.C. 8:40- 5.5(b) states, "Each vehicle shall have a pocket-mask device, CPR mask with a one-way valve or some other approved barrier protection device for utilization in the event that CPR is performed on a patient."

Pursuant to N.J.A.C. 8:40-7.2(c), violation of any portion of N.J.A.C. 8:40 by a provider may be cause for action against the provider, including, but not limited to, suspension or revocation of a provider's license, a formal written warning, monetary penalty, placing the provider's vehicle in "Department-Initiated-Out-of-Service" (DIOOS) status, placing conditions for continued operation by the provider and/or refusal to issue or renew a license. As such, in accordance with N.J.A.C. 8:40-7.2(e)9, you are hereby assessed a penalty in the amount of \$250 for violation of N.J.A.C. 8:40-5.5(b).

A certified check or money order in the amount of \$250 made payable to "Treasurer, State of New Jersey" must be submitted within 30 days from the date of this Notice. In accordance with N.J.S.A. 26:2H-16 and N.J.A.C. 8:40-7.2(h), failure to pay this penalty may result in the delinquent account being referred to the Office of the Attorney General for collection (N.J.S.A. 2A:58-1, et seq.), refusal by the Department to issue or renew a license and/or any such other action as authorized by law. Payment should be forwarded to:

New Jersey Department of Health & Senior Services
Office of Emergency Medical Services
P.O. Box 360
Trenton, NJ 08625-0360
Attn: Ms. Karen Halupke

Pursuant to N.J.S.A. 26:2H-13 and N.J.A.C. 8:40-7.3, you are entitled to a hearing before the Office of Administrative Law to contest this proposed penalty assessment. Your request for a hearing on this matter must be submitted in writing and must be accompanied by a response to the deficiency noted above. In the event that you request a hearing, this penalty shall be held in abeyance until such time as the hearing has been concluded and a final decision has been rendered.

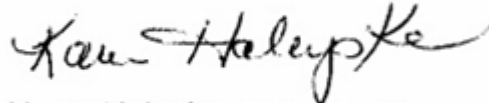
Your request for a hearing must be submitted within 30 days from the date of this Notice, and should be forwarded to:

New Jersey Department of Health & Senior Services
Office of Legal & Regulatory Affairs
Trenton, N.J. 08625-0360
Attn: Ms. Michele Stark

Please include control number 05-B-068 on all of your correspondence. **Finally, please note that failure to submit a request for a hearing within 30 days from the date of this Notice shall render this Notice final, and the entire \$250 shall be immediately due and payable.**

If you have any questions concerning this matter, please do not hesitate to contact Mr. Samuel Stewart of my office at (609) 633-7777.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karen Halupke".

Karen Halupke, R.N., M.Ed
Director, Emergency Medical Services

c: David Gruber, Assistant Commissioner
Michele Stark, OLRA
Samuel Stewart, Esq., OEMS
Charles McSweeney, OEMS

SENT VIA REGULAR US MAIL AND
CERTIFIED MAIL #7002 2410 0003 3470 6399
RETURN RECEIPT REQUESTED